

ANNUAL MEMBERSHIP SURVEY

To: Flotilla Personnel Services Officers
From: Department of Personnel

Please ask each of your flotilla members to complete the survey and return it to you. The distribution to members starts August 1st and results must be returned to your SO-PS by September 1st. This survey can be distributed at a meeting or mailed to individual members' homes. If you distribute the surveys by mail, please include a self-addressed envelope for their return to you.

Tabulate your findings for the benefit of your flotilla's leadership ... the profile of member satisfaction is essential to make potential adjustments to a flotilla's Membership Recruiting and Retention Plan.

No names are required on the Surveys.

Again, please be sure to encourage and guide your membership to return their surveys to you in time for returning them to your SO-PS by September 1st.

Thank you for your part in this effort to reach out and make contact with our membership. It is being done on a national scale, which involves a great deal of coordination. Please see the Time-Line below.

Listening to our membership is worth any effort we can expend.

Sincerely,

Personnel Department of the United States Coast Guard Auxiliary

TIME-LINE OF ANNUAL MEMBERSHIP SURVEY

July 1:	Distribution of Surveys from National to Flotillas.
August:	Surveys are filled out by individual members.
Sept. 1:	FSO-PS receives all completed surveys and sends results to SO-PS.
Oct. 1:	SO-PS forwards division results to the DSO-PS.
Nov. 1:	DSO-PS tabulates district survey information, reports to EXCOM and National via the Branch Chief.
Dec.1:	Statistical results reported to Dept. Chief , Personnel.
Jan 1:	Final composite report presented to NEXCOM.

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**UNITED STATES COAST GUARD AUXILIARY
ANNUAL MEMBERSHIP SURVEY**

For the following statements please circle the response that best states how you feel:

1=strongly agree; 2=agree; 3=undecided; 4=disagree; 5=strongly disagree; 0=have no knowledge

6. I am satisfied with the missions in which I am now active.	1	2	3	4	5	0
7. The Auxiliary provides good training for its programs.	1	2	3	4	5	0
8. My flotilla offers organized training programs.	1	2	3	4	5	0
9. The training I want has been made available to me.	1	2	3	4	5	0
10. I am very satisfied with our training program.	1	2	3	4	5	0
11. My flotilla has good fellowship among its members.	1	2	3	4	5	0
12. My flotilla has planned fellowship events.	1	2	3	4	5	0
13. My flotilla has jobs available for all of our members.	1	2	3	4	5	0
14. My flotilla is involved in other missions in addition to the traditional cornerstone missions of VE, OP and IT.	1	2	3	4	5	0
15. My flotilla actively encourages involvement of all members.	1	2	3	4	5	0
16. My flotilla publishes a good newsletter.	1	2	3	4	5	0
17. My flotilla has interesting and worthwhile meetings.	1	2	3	4	5	0
18. My flotilla staff keeps the membership informed.	1	2	3	4	5	0
19. All members are involved in our flotilla business.	1	2	3	4	5	0
20. Information from my division is timely and accurate.	1	2	3	4	5	0
21. Information from my district is timely and accurate.	1	2	3	4	5	0
22. My flotilla gets good information from national.	1	2	3	4	5	0
23. Auxiliary publications are beneficial to the members.	1	2	3	4	5	0
24. My flotilla discusses information on the CGAUXWEB.	1	2	3	4	5	0
25. My local Coast Guard unit encourages Auxiliary involvement.	1	2	3	4	5	0
26. I believe that I am a valued member of TEAM Coast Guard.	1	2	3	4	5	0

Please use this space to make additional comments and suggestions for improvement with respect to 1). opportunities and involvement in Auxiliary activities (training, meetings, fellowship, internal communications) and 2). The degree of involvement and satisfaction with the Coast Guard and/or state and municipal agencies.

ANNUAL MEMBERSHIP SURVEY

To: All Flotilla Members

From: Personnel Department of the United States Coast Guard Auxiliary

Each year at this time our entire organization will be asked for each member's input on basic issues to our continued existence. Your leadership at each administrative level realizes that our future depends upon determining your needs and measuring the level of satisfaction which results in your involvement in Auxiliary activities. Of additional importance is the determination of how we are being affiliated with and utilized by the Coast Guard.

In this survey, you are asked important questions in strict confidence. Each flotilla will benefit by the tabulation of survey responses, as will the division, district and national organizations. Please fill out this important survey and return it to your Flotilla Member Resources Officer as soon as possible. Thank you very much.

U.S. Department of Transportation
United States Coast Guard
United States Coast Guard Auxiliary

Official Business

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1. How long have you been a member of the Auxiliary? _____ years
 2. What motivated you to join the Auxiliary? (Check all that apply)
☐ Took a Boating Course ☐ Having a CME on my boat ☐ Friends in Auxiliary
☐ Opportunity to help others ☐ Become a better boater ☐ Help the Coast Guard ☐ Fellowship with others ☐ Other (please specify): _____
 3. What are your current Qualifications? (Check all that apply):
☐ IT ☐ MI ☐ VE ☐ MV ☐ CFVE ☐ Crew ☐ Coxswain
☐ Pilot ☐ Air Observer ☐ AUXOP CG Station Quals: _____
MSO/Recruiting Quals: _____
 4. In what Auxiliary missions are you now active? _____
 5. In what other programs are you interested in becoming involved? _____
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Annual Membership Survey

Dear Flotilla Member,

Each year at this time, our entire organization will be asked for each member's input on basic issues vital to our continued existence.

The Auxiliary understands that much of our efforts are expended for our external customers: the Coast Guard. State and municipal agencies and the boating public.

However, we have other customers so vital that we cannot exist without the: YOU and all Auxiliarists. Each individual member is an internal customer ... and your leadership at each administrative level fully realizes that our future depends upon determining your needs and measuring the level of satisfaction which results from involvement and participation in Auxiliary activity. Of additional importance is the determination of how we are being affiliated with and utilized by the Coast Guard.

In the enclosed survey, you are asked important questions in strict confidence. The results will be made known as general and cumulative information only, and will not be related to any single member or group of members. Each flotilla will benefit by the tabulation of survey responses, as well as the division, district and national organizations.

For these reasons, please help to achieve a 100% participation in this important survey. Two subjects are focused on: 1). The level of the individual member's satisfaction with respect to opportunities and involvement in Auxiliary activities and programs, and 2). The degree of involvement in and satisfaction with Coast Guard, state and municipal activities.

Thank you very much.

- ☐ suggestion of others
☐ due to my own interest and initiative
☐ the flotilla stressed the need for more activity
☐ I joined some friends who were active in the program
☐ I just wanted to be part of any productive activity
☐ I joined a training class and became enthused
☐ I joined the Auxiliary to specifically pursue a particular activity
☐ I seemingly had no choice in the matter
☐ Other (please describe) _____

7. Regarding the activities and programs you do or have taken part in: Are you satisfied with your involvement?

Activity #1: ____ completely

Activity #2: ____ completely

____ somewhat

____ somewhat

____ not what I expected

____ not what I expected

____ not at all

____ not at all

8. Do you have any explanatory comments regarding your answers to the last question? _____

9. Are new opportunities for non-traditional Auxiliary activities available to your flotilla?
If so, what are they?

____ yes _____

____ no

____ I don't know

10. Are you involved with any Auxiliary activity that administratively or operationally supports the Coast Guard, State or Municipal agencies? If so, please indicate what activities you have chosen.

____ yes _____

____ no

11. If you are involved, as asked in the question above, please indicate your level of satisfaction with your activity: _____

And finally, please use the following spaces to communicate any other feelings, attitudes, concerns or praise relative to the availability of various activities/programs and your degree of satisfaction in performing these missions.

Thank you very much for helping us with this most important survey. As our internal customer, your pleasure and satisfaction with the Coast Guard Auxiliary is a paramount and critical measure of our effectiveness.